

## **THE JACOBS REPORT**

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**Assistant Democratic Floor Leader**  
**FOURTEENTH DISTRICT**

**For Immediate Release**  
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### **GRANHOLM: LAKE MICHIGAN WATER STAYS HERE**

#### **Wisconsin Company Applies to Divert**

Governor Jennifer M. Granholm forwarded to legislators an application from New Berlin, Wisconsin, to divert Lake Michigan water for drinking water purposes. Granholm indicated that she would not consider the application for diversion.

“Earlier this year, I was proud to sign into law measures that provide Michigan water with the strongest protection in decades,” Granholm said. “The collective regional focus now needs to be on all states passing, and Congress ratifying, the agreements which will enact the prohibitions on diversion contained in the Agreement I signed with the other Great Lakes governors and the premiers of Ontario and Quebec last year.”

The diversion proposal was received as part of a communications to the governor’s office from the Wisconsin Department of Natural Resources. The application has been forwarded to the legislative committees with jurisdiction over Great Lakes issues via Ken DeBeaussiaert, director of the Office of the Great Lakes. A letter from Director DeBeaussiaert accompanied the proposal.

The New Berlin application would be subject to federal law requiring the approval of all Great Lakes governors for any Great Lakes water diversion. While New Berlin and Wisconsin governor Jim Doyle have not yet asked for formal approval, in keeping within both the letter and the spirit of Michigan law, Granholm has notified the Legislature and the people of Michigan of their proposal.

Currently, Michigan law bans diversions of the kind being proposed by New Berlin. In addition, the Great Lakes-St. Lawrence River Basin Water Resources Compact proposed under the Great Lakes Charter Annex Implementing Agreement has not passed a single state Legislature or been approved by Congress. The Agreement was signed in December 2005.

“Our water is our most treasured natural resource, and I will continue to be vigilant in protecting it so that it can continue to inspire and provide for future generations of Michiganders,” Granholm said.

### **PLANFIRST! FAMILY PLANNING SERVICES AVAILABLE 7/1**

#### **Federal Waiver Aims Reduce Health Care Costs & Unwanted Pregnancies**

On March 1, 2006, the Centers for Medicare and Medicaid Services (CMS) approved Michigan’s submission of a Section 1115 demonstration waiver to provide family planning services to Michigan citizens meeting certain eligibility requirements.

The demonstration waiver is approved for five (5) years with an implementation date of July 1, 2006. This program will enable the Michigan Department of Community Health (MDCH) to provide family planning services to women who otherwise would not have medical coverage for these services.

Through this waiver, MDCH will offer eligibility for family planning services to women of childbearing age, 19 through 44 years of age, who are not currently Medicaid eligible, do not have full family planning benefits through private insurance, including Medicare, and who have family income at or below 185% of the federal poverty level (FPL).

Coverage will be limited to women who reside in Michigan and meet Medicaid citizenship requirements. It is estimated that at least 200,000 women may meet this criteria. Beneficiary applications are available at local health departments, local Department of Human Services (DHS) offices, Title X clinics and will be available on-line at [www.michigan/mdch](http://www.michigan/mdch). For more information providers may call 1-800-292-2550.

A woman's coverage will continue for the duration of the waiver as long as the eligibility criteria are met. Program determinations will be completed annually. Family planning services are defined as any medically approved means, including diagnostic evaluation, pharmaceuticals, and supplies, for voluntarily preventing or delaying pregnancy.

There will be no patient co-pays for family planning services, supplies or pharmaceuticals. Services covered under this waiver include:

Initial physical exam and health history, including patient education and counseling relating to reproductive health and family planning options;

Annual physical examination for reproductive health/family planning purposes, including a pap smear and testing for sexually transmitted infections when indicated;

Brief and intermediate follow up office visit related to family planning;  
Necessary family planning/reproductive health-related laboratory procedures and diagnostic tests;

Contraceptive management including drugs and supplies;

Insertion, implant or injection of contraceptive drugs or devices;

Removal of contraceptive devices;

Sterilization services and related laboratory services (as long as a properly completed sterilization consent form has been submitted); and

Medications required incidental to or as part of a procedure done for family planning purposes.

The Family Planning service benefit will not include coverage of abortions or treatment of infertility.

Professional services related to family planning will be available from and billed to MDCH by family planning clinics, primary care physicians (MDs and DOs) in public and private practice, and other Medicaid approved providers, i.e., Certified Nurse Midwives and Nurse Practitioners.

Additionally, pharmacies, laboratories and outpatient departments of hospitals are eligible to provide and bill for services, as appropriate, and Federally Qualified Health Centers (FQHC), School-Based/Linked Health Centers, Rural Health Clinics (RHC), Tribal Health Centers and the sub-grantees of the Title X publicly funded family planning agencies (including local health departments, Planned Parenthood clinics and private non-profit family planning agencies) will provide and bill for services as well. Family planning services are and will continue to be available statewide.

Should a beneficiary need primary care services beyond what is covered under Plan First!, the provider may either provide the services and work with beneficiary to arrange payment options or they may refer or inform them how to access primary care services at the nearest FQHC.

**US SURGEON GENERAL: 2<sup>ND</sup> HAND SMOKE KILLS JOBS, PEOPLE**  
**Senate Dems Want Smoke-free Workplaces**

Citing a report released on June 27, 2006 by the United States Surgeon General, Senator Ray Basham (D-Taylor) renewed his call for action on legislation, SB 394, which would prohibit smoking in bars and restaurants following months of waiting for the bills to be taken up by the Republican-controlled committee where they now sit.

Senator Gilda Z. Jacobs (D-Huntington Woods) is a co-sponsor of this legislation.

“Secondhand smoke is a serious danger to workers, customers, and our economic security,” said Basham. “It’s costing us millions of dollars in healthcare related expenses and ultimately it kills people – more than 2,000 nonsmokers in Michigan each year.”

Everyday, thousands of Michigan residents who patronize or work in bars and restaurants are involuntarily subjected to secondhand smoke, and the consequences are far-reaching. “The debate is over,” said Surgeon General Richard Carmona in a televised press conference yesterday as he announced that there is no risk-free level of exposure to secondhand smoke. According to the report, nonsmokers exposed to secondhand smoke at home or work increased their risk of developing heart disease by 25 to 30 percent and lung cancer by 20 to 30 percent. The report went on to state that even the most sophisticated ventilation systems cannot completely eliminate secondhand smoke exposure and that only smoke-free environments afford full protection.

Opponents argue businesses would experience a drop in revenue, but multiple studies have proven false the adverse economic impact claim. In the 14 states that have banned smoking in workplaces, restaurants or bars, none of them have experienced job losses or economic downturns. In fact, food service establishments typically showed net increases in sales receipts after smoking bans were implemented.

“While the scientific debate may be over, the debate on our bills to ban workplace smoking has yet to begin,” said Basham. “Hopefully this report will convince the Republican Majority in the Senate to bring these bills up for a vote.”

A copy of the Surgeon General’s report, The Health Consequences of Involuntary Exposure to Tobacco Smoke, is available at <http://www.surgeongeneral.gov/library/secondhandsmoke/>

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All Michigan legislation can be tracked at <http://www.legislature.michigan.gov/>.

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State Senator Gilda Jacobs represents the 14<sup>th</sup> Senate District, which includes Beverly Hills, Bingham Farms, Farmington, Farmington Hills, Ferndale, Franklin, Hazel Park, Huntington Woods, Lathrup Village, Oak Park, Pleasant Ridge, Royal Oak Township, Southfield, and Southfield Township. She is the Minority Vice Chair of the Families & Human Services Committee and the Economic Development, Small Business & Regulatory Reform Committee. She also serves on the Government Operations and Health Policy Committees.

Constituents of the 14<sup>th</sup> District may contact Senator Jacobs at [sengjacobs@senate.michigan.gov](mailto:sengjacobs@senate.michigan.gov) or toll-free at 1-888-937-4453.

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